2124
REGISTER NUMBER
69

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE

NCHS

DECEDENT

1. NAME: FIRST Jean MIDDLE Paul LAST Deshaies
2. SEX: MALE [X] 1 FEMALE [ ] 2
3A. DATE OF DEATH: MONTH 07 DAY 26 YEAR 2015
3B. HOUR: 10:45 P m
4A. PLACE OF DEATH (Check one): HOSPITAL DOA ER [ ] [ ] HOSPITAL OUTPATIENT [ ] HOSPITAL INPATIENT [ ] NURSING HOME [X] PRIVATE RESIDENCE [ ] HOSPICE FACILITY [ ] OTHER (Specify): [ ]
4B. IF FACILITY, DATE ADMITTED: MONTH 07 DAY 24 YEAR 2015
4C. NAME OF FACILITY: (If not facility, give address) Valley Health Services
4D. LOCALITY: (Check one and specify) CITY [ ] VILLAGE [X] TOWN [ ] Herkimer
4E. COUNTY OF DEATH:
4F. MEDICAL RECORD NO. 445978
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO [X] YES [ ]
5. DATE OF BIRTH: MONTH 04 DAY 14 YEAR 1926
6A. AGE IN YEARS: 89 yrs.
6B. IF UNDER 1 YEAR ENTER: months days
6C. IF UNDER 1 DAY ENTER: hours minutes
7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Ilion, NY
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO [X] 0 YES [ ] 1
9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A [X] No, not Spanish/Hispanic/Latino B [ ] Yes, Mexican, Mexican American, Chicano C [ ] Yes, Puerto Rican D [ ] Yes, Cuban E [ ] Yes, Other Spanish/Hispanic/Latino (Specify)
10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A [X] White/Caucasian B [ ] Black or African American C [ ] Asian Indian D [ ] Chinese E [ ] Filipino F [ ] Japanese G [ ] Korean H [ ] Vietnamese J [ ] Native Hawaiian K [ ] Guamanian or Chamorro M [ ] Samoan N [ ] American Indian or Alaska Native (specify) P [ ] Other Asian (specify) R [ ] Other Pacific Islander (specify) S [ ] Other (specify)
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 [ ] ≤ 8th grade 2 [ ] 9th-12th grade; no diploma 3 [X] High school graduate or GED 4 [ ] Some college credit, but no degree 5 [ ] Associate's degree 6 [ ] Bachelor's degree 7 [ ] Master's degree 8 [ ] Doctorate/Professional degree
12. SOCIAL SECURITY NUMBER: 124-22-9073
13. MARITAL STATUS: NEVER MARRIED [ ] 1 MARRIED [ ] 2 WIDOWED [X] 3 DIVORCED [ ] 4 SEPARATED [ ] 5
14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated.
15A. USUAL OCCUPATION: (Do not enter retired) Carpenter
15B. KIND OF BUSINESS OR INDUSTRY: Manufacturing
15C. NAME AND LOCALITY OF COMPANY OR FIRM: Remington Arms Co. Ilion, New York
16A. RESIDENCE: (State or Country if not USA) New York
16B. County or Region/Province if not USA: Herkimer
16C. LOCALITY: (Check one and specify) CITY [ ] VILLAGE [X] TOWN [ ] Herkimer
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? [X] YES [ ] NO IF NO, SPECIFY TOWN:
16D. STREET AND NUMBER OF RESIDENCE: 150 West German Street
16E. ZIP CODE: 13350

PARENTS

17. BIRTH NAME OF FATHER / PARENT: FIRST Paul MI LAST Deshaies
18. BIRTH NAME OF MOTHER / PARENT: FIRST Edouardiana MI LAST Tourigny

19A. NAME OF INFORMANT: Sharon Candella
19B. MAILING ADDRESS: (include zip code) 14 Huyck Avenue Middleville, NY 13406

DISPOSITION

20A. [X] BURIAL 2 [ ] CREMATION 3 [ ] REMOVAL 4 [ ] HOLD 5 [ ] DONATION 6 [ ] ENTOMBMENT MONTH 08 DAY 01 YEAR 2015
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Oak Hill Cemetery
20C. LOCATION: (City or town and state) Herkimer, NY
21A. NAME AND ADDRESS OF FUNERAL HOME: Enea Family Funeral Home 220 North Washington Street Herkimer, NY 13350
21B. REGISTRATION NUMBER: 00530
22A. NAME OF FUNERAL DIRECTOR: Kevin E. Enea
22B. SIGNATURE OF FUNERAL DIRECTOR: Kevin E. Enea
22C. REGISTRATION NUMBER: 11069
23A. SIGNATURE OF REGISTRAR: Mary Jane Vredenburg
23B. DATE FILED: MONTH 07 DAY 29 YEAR 2015
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Mary Jane Vredenburg
24B. DATE ISSUED: MONTH 07 DAY 29 YEAR 2015

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

CERTIFIER

25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated.
Certifier's Name: James S. Ward, MD
License No.: 110440-1
Signature:
Month 07 Day 27 Year 2015
Certifier's Title: 0 [X] Attending Physician 0 [ ] Physician acting on behalf of Attending Physician 1 [ ] Coroner 2 [ ] Medical Examiner / Deputy Medical Examiner
Address: Burrett Hospital, 721 East Albany St. Herkimer, NY 13350
25B. If coroner is not a physician, enter Coroner's Physician's name & title:
License No.:
Signature:
Month Day Year
25C. If certifier is not attending physician, enter Attending Physician's name & title:
License No.:
Address:
26A. Attending physician attended deceased: FROM Month 07 Day 24 Year 2015 TO Month 07 Day 26 Year 2015
26B. Deceased last seen alive by attending physician: Month 07 Day 24 Year 2015
26C. Pronounced Dead ON Month 07 Day 26 Year 2015 AT Time 10:45 PM
27. MANNER OF DEATH: NATURAL CAUSE [X] ACCIDENT [ ] 2 HOMICIDE [ ] 3 SUICIDE [ ] 4 UNDETERMINED CIRCUMSTANCES [ ] 5 PENDING INVESTIGATION [ ] 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 [ ] NO 1 [ ] YES
29A. AUTOPSY? NO [ ] 0 YES [ ] 1 REFUSED [ ] 2
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 [ ] NO 1 [ ] YES

CONFIDENTIAL **SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH** **CONFIDENTIAL**

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE: (A) Respiratory Failure due to Aspiration Pneumonia — 72hrs
DUE TO OR AS A CONSEQUENCE OF: (B) Severe Dysphagia due to Cerebrovascular Accident — 5wks
DUE TO OR AS A CONSEQUENCE OF: (C) Hypertension, Congestive Heart Failure, Atrial Fibrillation — 10yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Chronic Obstructive Pulmonary Disease
DID TOBACCO USE CONTRIBUTE TO DEATH? 0 [ ] NO 1 [ ] YES 2 [ ] PROBABLY 3 [X] UNKNOWN

31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: m
31B. INJURY LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE OF INJURY:
31E. INJURY AT WORK? NO [ ] 0 YES [ ] 1
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 [ ] Driver/Operator 2 [ ] Passenger 3 [ ] Pedestrian 4 [ ] OTHER (specify)
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO [ ] 0 YES [X] 1
33A. IF FEMALE: 0 [ ] Not pregnant within last year 1 [ ] Pregnant at time of death 2 [ ] Not pregnant, but pregnant within 42 days of death 3 [ ] Not pregnant, but pregnant 43 days to 1 year before death 4 [ ] Unknown if pregnant within past year
33B. DATE OF DELIVERY: MONTH DAY YEAR

For use by physician or institution: NAME OF DECEDENT: Jean Paul Deshaies DATE OF DEATH: 7/24/15 TIME OF DEATH: 10:45 AM PM

M&T Bank

FOR INQUIRIES CALL: (800) 724-2440

00 0 01430M NM 017

P

000003989 FIDS1549D01708011607 01 000000

SHARON CANDELLA
PAULETTE G POLITYLO
14 HUYKE AVE
MIDDLEVILLE NY 13406

ACCOUNT TYPE
EZCHOICE CHECKING

ACCOUNT NUMBER	STATEMENT PERIOD
9868216251	JUL.02-AUG.01,2016

BEGINNING BALANCE	$13,962.86
DEPOSITS & CREDITS	0.00
LESS CHECKS & DEBITS	13,962.86
LESS SERVICE CHARGES	0.00
ENDING BALANCE	$0.00

INTEREST EARNED FOR STATEMENT PERIOD $0.00

NORTH HERKIMER

ACCOUNT SUMMARY

BEGINNING BALANCE	DEPOSITS & OTHER CREDITS (+)		CHECKS PAID		OTHER DEBITS (-)		CURRENT INTEREST PD	ENDING BALANCE
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT		
$13,962.86	0	$0.00	3	$7,042.08	1	$6,920.78	$0.00	$0.00

ACCOUNT ACTIVITY

POSTING DATE	TRANSACTION DESCRIPTION	DEPOSITS & OTHER CREDITS (+)	WITHDRAWALS & OTHER DEBITS (-)	DAILY BALANCE
07/02/2016	BEGINNING BALANCE			$13,962.86
07/07/2016	CHECK NUMBER 0126		$48.56	13,914.30
07/11/2016	CHECK NUMBER 0127		72.74	13,841.56
07/12/2016	CHECK NUMBER 0128		6,920.78	6,920.78
07/25/2016	CLOSEOUT		6,920.78	0.00
	ENDING BALANCE			$0.00

CHECKS PAID SUMMARY

CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT
126	07/07/16	48.56	127	07/11/16	72.74	128	07/12/16	6,920.78

BANK ON YOUR OWN SCHEDULE AT HOME OR ON THE GO WITH M&T ONLINE BANKING. MANAGE YOUR M&T CHECKING, SAVINGS, CD, MONEY MARKET, LENDING AND CREDIT CARD ACCOUNTS. THERE IS NO FEE FOR ENROLLING ALTHOUGH FEES MAY APPLY FOR OPTIONAL SERVICES. TO SIGN UP, VISIT MTB.COM/ONLINEBANKING OR COME IN TO YOUR LOCAL BRANCH. WHEN YOU ENROLL, BE SURE TO SELECT "SIGN UP TO RECEIVE STATEMENTS AND NOTICES ONLINE." THESE ARE THE SAME AS THE PAPER VERSIONS YOU RECEIVE IN THE MAIL AND CAN BE PRINTED OR SAVED ON YOUR COMPUTER FOR EASY RECORD-KEEPING AND INCREASED SECURITY. THANK YOU FOR BANKING WITH M&T. MEMBER FDIC.

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CLOSING STATEMENT

Premises: 150 W. German Street, Herkimer New York
Seller: **Paulette Politylo and Sharon Candella**
Purchaser: **Nicole A. Palkovic**
Closing Date: June 30, 2016
Our File Number: 2016.0181

SALE PRICE		$92,700.00
CREDITS TO SELLER:		
2016 County Taxes		
$1,225.12 @ $3.35/day x 184 days	$ 616.40	
2015/16 School Taxes		
$2,206.26 @ $6.03/day x 0 days	$ 0.00	
2016/17 Village Taxes		
$3,258.40 @ $8.93/day x 335 days	$2,991.55	
	$3,607.95	$ 3,607.95
GROSS DUE SELLER		**$96,307.95**

CREDITS TO PURCHASER:		
Downpayment	$ 500.00	
TP 584	$ 5.00	
Revenue Stamps	$ 372.00	
Closing Credit	$2,700.00	
Coldwell Banker Faith Properties	$2,200.00	
Hunt Real Estate – Clinton	$2,700.00	
	$8,477.00	
		$ 8,477.00
NET DUE TO SELLER		**$87,830.95**

PLEASE HAVE CERTIFIED OR BANK FUNDS MADE PAYABLE TO KOWALCZYK, DEERY & BROADBENT, LLP AS ATTORNEY FOR POLITYLO AND CANDELLA

PROCEEDS TO SELLER:		**$87,830.95**
SELLER DISBURSEMENTS:		
Leatherstocking Abstract	$ 396.00	
Postage/ Photocopies/Overnight fee	$ 5.00	
Attorney's Fees	$ 650.00.	
	$1,051.00	
		$ 1,051.00
AMOUNT DUE TO SELLER.....		**$86,779.95**

PAYABLE AS:

Sharon Candella **$43,389.98**

Paulette Politylo **$43,389.97**